

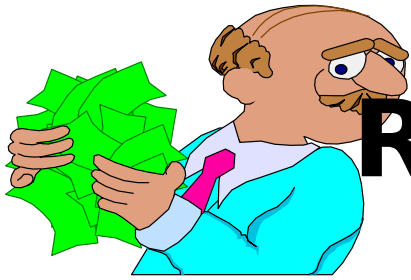
TIME AND ATTENDANCE





ORGANIZATION RESPONSIBILITIES

- **Ensure timekeepers and time and attendance certifiers have been properly trained.**
- **All supporting documentation is available for audit purposes.**
- **Ensure timekeepers and time and attendance certifiers make every effort to correct errors prior to electronic certification.**



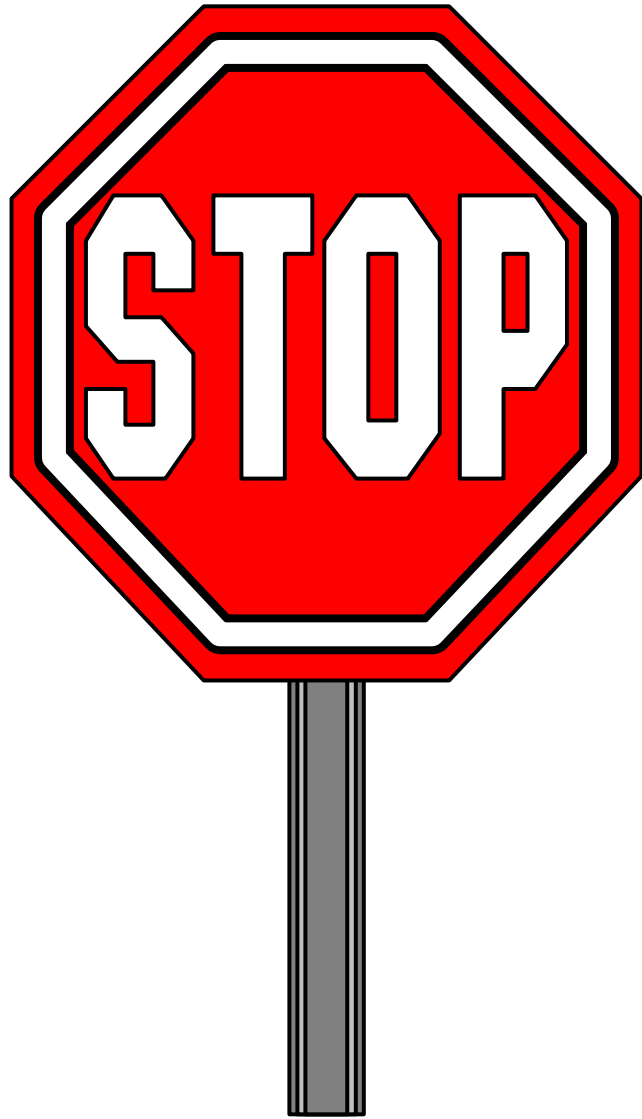
SUPERVISOR'S RESPONSIBILITIES

- **Timely and accurate preparation, certification, and submission of time and attendance (T&A).**
- **May assign checking of daily attendance and posting of T&A to a timekeeper (and alternate).**
- **Assignment of these duties does not relieve the supervisor of the responsibility for the accuracy of the time and attendance to which he or she certifies.**
- **Spot checks attendance by personal observation.**
- **Should inform the timekeeper when an employee is on leave and type of leave and/or if they have worked any credit hours, comp time, etc.**



TIMEKEEPER RESPONSIBILITIES

- **Record all exceptions to the employee's attendance and leave on a daily basis**
- **Ensure employees either initial the T&A input document or sign an OPM 71 "Application for Leave"**
- **Ensure all postings for overtime, credit hours or compensatory time earned have been approved.**
- **Record time and attendance in blue or black indelible ink.**
- **If employee is unavailable when timecards are turned in, they should turn in a OPM 71 upon returning to work.**



DON'T

- **Use pencil**
- **Use erasable ink**
- **Red ink**
- **Whiteout**
- **Erase mistakes**
- **Use felt tip pens**
- **Scribble out mistakes**



CORRECTIONS

Correct errors on timecards BY DRAWING A **SINGLE LINE** through the incorrect entry and posting the correct data.

- **ALL** corrections will be initialed by the **SUPERVISOR** or other **DESIGNATED** representative authorized to act as an **ALTERNATE CERTIFIER** at the end of the pay period.

ITEMS TO LOOK FOR BEFORE YOU SIGN



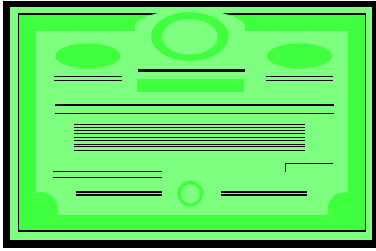
- Employee's ***INITIALS*** OR OPM 71 ATTACHED - Corrections ARE INITIALED
- Correct amount of hours charged.
- Correct Leave category charged.
- If credit hours are earned - insure copy of approval is attached to time card
- If comp time/overtime is worked - approval document is attached to timecard.



CONFIRMATION OF LEAVE

- **Employees must officially confirm each leave charge, except for administrative leave, AWOL charges, suspension or holiday absences.**
- **All leave types are charged to the employee either by whole days, whole hours or fractional hours.**

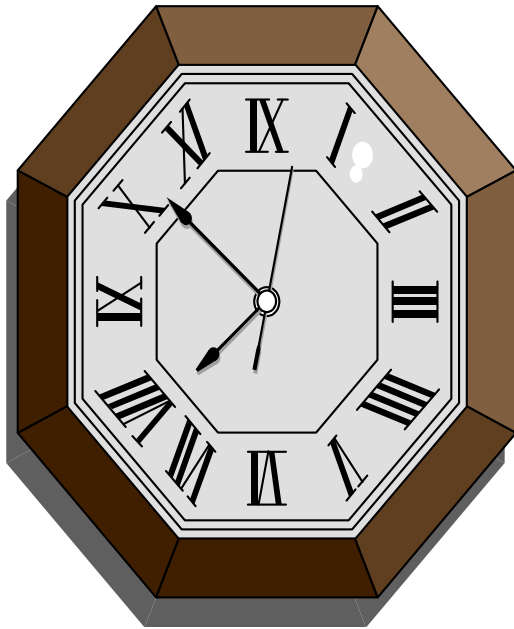
NOTE: Must be charged in whole hours for NAIL Bargaining Unit Employees.



TIME AND ATTENDANCE CERTIFICATION

- **Each employee's time and attendance report shall be certified by the employee's supervisor, or other designated representative authorized to act as an alternate certifier at the end of the pay period.**
- **Certification shall not ordinarily be made earlier than the last workday of a pay period.**
- **However, if required by DFAS, anticipated leave shall be requested on an OPM 71 prior to end of pay period and taking leave.**

COMPRESSED WORK SCHEDULES



- **Change Tours in Advance**
- **Must have 80 hours to receive full pay and benefits**

EXERCISE



EMPLOYEE ID	BLK/GRP	ACT	ORG	EMPLOYEE NAME	PLT ROT	PERIOD ENDING	SEQ NO
23-45-6789	2401	WOUVAA	36	Virginia Woodard		03-08-03	
STD JON	TKAA MK111GM				HRS WORK	0800 - 1630	TDC

TOUR	AWS	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT
1			8:00	8:00	8:00	8:00	8:00			8:00	8:00	8:00	8:00	8:00	
TYP/SFT			RG 0	RG 0	RG 0	RG 0	RG 0			RG 0	RG 0	RG 0	RG 0	RG 0	
GRADED ND															

JOB ORDER NUMBER	TYPE	HR	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT
DE	LS		1		8 00	8 00					
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								

REG	OT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV
-----	----	------	-----	-----	-----	-----	----	-----	----	-------

WK1	IN	OUT	IN	OUT	IN	OUT	WK2	IN	OUT	IN	OUT	IN	OUT	REMARKS:
SUN							SUN							
MON							MON							
TUE							TUE							
WED							WED							
THU							THU							
FRI							FRI							
SAT							SAT							

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

10/13/04

Virginia Woodard

SUP	DATE	EFF	EMP	STA	CD	GR/UNGR	IDC	EMP	TYP	CD	WKD	SCD
SCD	DATE	EFF	TA	STA	CD	JON						AWS
			SUN	MON	TUE	WED	THU	FRI	SAT		PLTN	ROT

TOUR (WK 1)

TYP HRS/SFT

NIGHT DIFF

TOUR (WK 2)

TYP HRS/SFT

NIGHT DIFF

TYP					E/H	LST	TEM	NIGHT	INJ	ALT		
AC	WK	DY	HR	HOURS	JOB	ORDER	OTH	HR	SFT	DIFF	NO	IDC

<u>A</u>	<u>1</u>	<u>2</u>	<u>LS</u>	<u>8.00</u>		<u>DE</u>	-	-	-	-	-
<u>A</u>	<u>1</u>	<u>3</u>	<u>LS</u>	<u>8.00</u>		<u>DE</u>					

9001 REQUIRED FIELD(S) NOT ENTERED

EMPLOYEE ID | BLK/GRP | ACT | ORG | EMPLOYEE NAME | PLT ROT | PERIOD ENDING | SEQ NO |
098-76-5432 | 2401 | WOUVAA | 36 | Jimmy Clark | | 03-22-03 |

STD JON | TKAAMK111GM | HRS WORK | 0800 - 1630 | TDC |
TOUR | AWS | SUN | MON | TUE | WED | THR | FRI | SAT | SUN | MON | TUE | WED | THR | FRI | SAT |
TYP/SFT | 1 | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | |
GRADED ND | | | RG 0 | RG 0 | RG 0 | RG 0 | RG 0 | | | RG 0 | RG 0 | RG 0 | RG 0 | RG 0 | |

JOB ORDER NUMBER	TYPE	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT
	LM	1		8 00	8 00	8 00	8 00	8 00		
		2								
	LC	1								
		2				4 00				
		1								
		2								
		1								
		2								
		1								
		2								
		1								
		2								

Answer

REG		OT		COMP		HOL		SUN		2ND		3RD		ND		E/H		LV		NP/LV	
WK1	IN		OUT		IN		OUT		WK2	IN		OUT		IN		OUT		IN		OUT	REMARKS:
SUN									SUN												
MON									MON												
TUE									TUE												
WED									WED												
THU									THU												
FRI									FRI												
SAT									SAT												

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.



V04.30

T&A TIMECARD FORMAT 1

10/13/04

SITE ID	TAG	ACT	ORG	EMPLOYEE ID	DATE	NAME	
						Jimmy Clark	
SUP DATE	EFF		EMP STA CD	GR/UNGR IDC	EMP TYP CD	WKD SCD	
SCD DATE	EFF		TA STA CD	JON		AWS	
		SUN	MON	TUE	WED	THU	FRI
						SAT	
							PLTN ROT
TOUR (WK 1)							
TYP HRS/SFT							
NIGHT DIFF							
TOUR (WK 2)							
TYP HRS/SFT							
NIGHT DIFF							
AC	WK	DY	TYP	HOURS	JOB ORDER	E/H LST TEM NIGHT INJ ALT	
			HR			OTH HR SFT DIFF NO IDC	
A	1	2	LM	8.00			
A	1	3	LM	8.00			
A	1	4	LM	8.00			
A	1	5	LM	8.00			
A	1	6	LM	8.00			
A	2	5	LC	4.00			
-	-	-	-	-			
-	-	-	-	-			

9001 REQUIRED FIELD(S) NOT ENTERED

MA + a

03/032

QUESTIONS?

